

= 7 F 10/a
10/18/02
mel

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT: Timothy R. Bratton
APPLICATION NO.: 09/505,486
FILING DATE: February 16, 2000
TITLE: AUDIO SYNTHESIS USING DIGITAL SAMPLING OF CODED
WAVEFORMS
CONFIRMATION NO: 5826
EXAMINER: Firmin Backer
GROUP ART UNIT: 3621
ATTY. DKT. NO.: 21685-06238 [6037-003]

RECEIVED
OCT 11 2002
GROUP 3600

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below.

Dated: 9/30/02

By:

Robert A. Hulse, Reg. No. 48,473

COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

AMENDMENT A

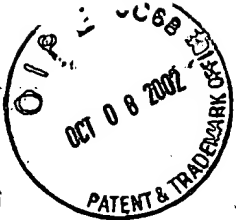
Sir:

In response to the Office Action mailed June 28, 2002, please amend the application as follows:

10/09/2002 TBESHAN1 00000107 09505486

01 FC:203
02 FC:202

252.00 OP
168.00 OP



36214
+

PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/505,486
			Filing Date	February 16, 2000
			First Named Inventor	Timothy R. Bratton
			Group Art Unit Number	3621
			Examiner Name	Firmin Backer
Total Number of Pages in This Submission		23	Attorney Docket Number	21685-06238 [6037-003]

GROUP 36001

OCT 11 2002

RECEIVED

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/>
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/>
<input checked="" type="checkbox"/> Amendment A: [18] Pages <input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Robert A. Hulse, Reg. No. 48,473	Dated:	September 30, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Robert A. Hulse	Dated:	September 30, 2002
Express Mail Mailing Number (optional):			



RECEIVED
OCT 11 2002
GROUP 3600

PTO/SB/17 (10-01)(modified)
Approved for use through 09/29/01, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/17 (modified) Rev. 10/2001		U.S. Department of Commerce Patent and Trademark Office		Complete if Known	
FEE TRANSMITTAL				Application Number	09/505,486
				Filing Date	February 16, 2000
				First Named Inventor	Timothy R. Bratton
				Group Art Unit	3621
				Examiner Name	Firmin Backer
TOTAL AMOUNT OF PAYMENT				Attorney Docket Number	21685-06238 [6037-003]
Subtotal (1) + Subtotal (2) + Subtotal (3) =				(\$ 420.00)	

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																			
1. The Commissioner is hereby authorized to:		3. ADDITIONAL FEES																																																			
<input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account.		<u>Large Entity</u> <u>Small Entity</u>																																																			
<input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.†		Fee Code/Fee Fee Code/Fee Fee Description Fee Due																																																			
<input checked="" type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		105/\$130 205/\$65 Surcharge - late filing fee or oath <input type="text"/>																																																			
Deposit Account Number: 19-2555		127/\$50 227/\$25 Surcharge-late provisional filing fee or cover sheet <input type="text"/>																																																			
Deposit Account Name: FENWICK & WEST LLP		147/\$2,520 147/\$2,520 For filing a request for reexamination <input type="text"/>																																																			
A Duplicate Copy of this authorization is attached		115/\$110 215/\$55 Extension for response within first month† <input type="text"/>																																																			
2. <input checked="" type="checkbox"/> Payment Enclosed:		116/\$400 216/\$200 Extension for response within second month† <input type="text"/>																																																			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other		117/\$920 217/\$460 Extension for response within third month† <input type="text"/>																																																			
FEE CALCULATION (fees effective 10/01/2001)		118/\$1,440 218/\$720 Extension for response within fourth month† <input type="text"/>																																																			
1. FILING FEE		128/\$1,960 228/\$980 Extension for response within fifth month† <input type="text"/>																																																			
<table border="1"><thead><tr><th>Large Entity Fee Code/Fee</th><th>Small Entity Fee Code/Fee</th><th>Fee Description</th><th>Fee Due</th></tr></thead><tbody><tr><td>101/\$740</td><td>201/\$370</td><td>Utility Filing</td><td><input type="text"/></td></tr><tr><td>106/\$330</td><td>206/\$165</td><td>Design Filing</td><td><input type="text"/></td></tr><tr><td>108/\$740</td><td>208/\$370</td><td>Reissue</td><td><input type="text"/></td></tr><tr><td>114/\$160</td><td>214/\$80</td><td>Provisional Filing</td><td><input type="text"/></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$ 0)</td></tr></tbody></table>		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due	101/\$740	201/\$370	Utility Filing	<input type="text"/>	106/\$330	206/\$165	Design Filing	<input type="text"/>	108/\$740	208/\$370	Reissue	<input type="text"/>	114/\$160	214/\$80	Provisional Filing	<input type="text"/>	SUBTOTAL (1)			(\$ 0)	119/\$320 219/\$160 Notice of Appeal <input type="text"/>																											
Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due																																																		
101/\$740	201/\$370	Utility Filing	<input type="text"/>																																																		
106/\$330	206/\$165	Design Filing	<input type="text"/>																																																		
108/\$740	208/\$370	Reissue	<input type="text"/>																																																		
114/\$160	214/\$80	Provisional Filing	<input type="text"/>																																																		
SUBTOTAL (1)			(\$ 0)																																																		
2. CLAIMS		141/\$1,280 241/\$640 Petition to revive unintentionally abandoned application <input type="text"/>																																																			
<table border="1"><thead><tr><th>Large Entity Fee Code/Fee</th><th>Small Entity Fee Code/Fee</th><th>Fee Description</th></tr></thead><tbody><tr><td>103/\$18</td><td>203/\$9</td><td>Claims in excess of 20</td></tr><tr><td>102/\$84</td><td>202/\$42</td><td>Independent claims in excess of 3</td></tr><tr><td>104/\$280</td><td>204/\$140</td><td>Multiple dependent claim</td></tr><tr><td>109/\$84</td><td>209/\$42</td><td>Reissue independent claims over original patent</td></tr><tr><td>110/\$18</td><td>210/\$9</td><td>Reissue claims in excess of 20 and over original patent</td></tr></tbody></table>		Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	103/\$18	203/\$9	Claims in excess of 20	102/\$84	202/\$42	Independent claims in excess of 3	104/\$280	204/\$140	Multiple dependent claim	109/\$84	209/\$42	Reissue independent claims over original patent	110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent	142/\$1,280 242/\$640 Utility Issue Fee (Or Reissue) <input type="text"/>																																	
Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description																																																			
103/\$18	203/\$9	Claims in excess of 20																																																			
102/\$84	202/\$42	Independent claims in excess of 3																																																			
104/\$280	204/\$140	Multiple dependent claim																																																			
109/\$84	209/\$42	Reissue independent claims over original patent																																																			
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent																																																			
		143/\$460 243/\$230 Design Issue Fee <input type="text"/>																																																			
		122/\$130 122/\$130 Petitions to the Commissioner <input type="text"/>																																																			
		126/\$180 126/\$180 Submission of Information Disclosure Statement <input type="text"/>																																																			
		179/\$740 279/\$370 Request for Continued Examination (RCE) <input type="text"/>																																																			
		581/\$40 581/\$40 Recording each patent assignment per property (times number of properties) <input type="text"/>																																																			
		146/\$740 246/\$370 Filing a submission after final rejection (37 CFR 1.129(a)) <input type="text"/>																																																			
		149/\$740 249/\$370 For each additional invention to be examined (37 CFR 1.129(b)) <input type="text"/>																																																			
		Other fee (specify): <input type="text"/>																																																			
		Other fee (specify): <input type="text"/>																																																			
		SUBTOTAL (3) (\$ 0)																																																			
		<table border="1"><thead><tr><th colspan="2">(Col. 1)</th><th colspan="2">(Col. 2)</th><th colspan="2">(Col. 3)</th><th colspan="2"></th><th colspan="2"></th></tr><tr><th>For</th><th>No. of Existing Claims</th><th colspan="2">Highest No. Previously Paid For</th><th colspan="2">Extra**</th><th>Fee</th><th></th><th>Fee Due</th><th></th></tr></thead><tbody><tr><td>TOTAL</td><td>49</td><td>minus*</td><td>20 or 21</td><td>=</td><td>28</td><td>x</td><td>9</td><td>=</td><td>252</td></tr><tr><td>INDEP</td><td>7</td><td>minus*</td><td>3 or 3</td><td>=</td><td>4</td><td>x</td><td>42</td><td>=</td><td>168</td></tr><tr><td colspan="10">[] First presentation of multiple dependent claim</td></tr></tbody></table>		(Col. 1)		(Col. 2)		(Col. 3)						For	No. of Existing Claims	Highest No. Previously Paid For		Extra**		Fee		Fee Due		TOTAL	49	minus*	20 or 21	=	28	x	9	=	252	INDEP	7	minus*	3 or 3	=	4	x	42	=	168	[] First presentation of multiple dependent claim									
(Col. 1)		(Col. 2)		(Col. 3)																																																	
For	No. of Existing Claims	Highest No. Previously Paid For		Extra**		Fee		Fee Due																																													
TOTAL	49	minus*	20 or 21	=	28	x	9	=	252																																												
INDEP	7	minus*	3 or 3	=	4	x	42	=	168																																												
[] First presentation of multiple dependent claim																																																					
		* Subtract the greater number of Col. 2		SUBTOTAL (2)				(\$ 420)																																													
		** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3																																																			

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Robert A. Hulse	Reg. Number	48,473
Signature		Date	September 30, 2002

† Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby